FEC FORM 1

STATEMENT OF ORGANIZATION

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EEG_MAIL CENTER

FORM 1	_	ORGANIZATION			EFE G. MAJIL CENTER			
NAME OF COMMITTEE (ir	n full)		ck if name anged)		mple:If typing, type the lines.	12FE4M5		
The Iberd	rola	JSA P	olitical	Acti	on Commi	ttee		
ADDRESS (number a	nd street)	52 Fa	ırm Vie	w D	riye			
(Check if address is changed)		New Gloucester			ME 04260			
				CITY		STATE	ZIP COD	ÞΕ
COMMITTEE'S E-MA (Check if is change	address				dress) Diberdrolau	ısa.cor	n	
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)						
(Check if is change				1.11				<u> </u>
2. DATE 12	ž 15	o 201	1 °				·	
3. FEC IDENTIFIC	CATION NU	JMBER	c 0	040	6801			البراء
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDED (A)			
I certify that I have	examined th	is Statement a	and to the bes	st of my-i	mowleage and pelief it	is true, correc	t and complete.	
Type or Print Name	of Treasure	DARL	ene	e. ;	BEACH	and the Control of Con		
Signature of Treasure	er _ _	Parlene	. E B	each		Date /á	13 13	ŽŎ 11
NOTE: Submission of					ject the person signing t			U.S.C. §437g.
Office Use					For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FOR	

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		OMMITTEE	,			
Cen	didate	e Committee:				
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below	v.) :			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand						
Cand	lidato Affiliati	Office Sought: House Senate President	State			
,	,	on coagni. I house I contain I house	District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Polif	tical A	ction Committee (PAC):	ı			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Mombership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate	segregated fund or party			
(1)	Ш	committee. (i.e., nonconnected committee)	segregated faile of party			
	In addition, this committee is a Lobbyist/Rogistrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Func	Iraising Representative:	:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•			
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
	Com	mittees Participating in Joint Fundraiser				
	Com					
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.	FEC ID number C				

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Write or Type Committee Name	Write or Type Committee Name					
The Iberdrola USA Political Action Committee						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor						
GMP Political	Action Committee	<u> </u>		<u> </u>		
Mailing Address	83 Edison Drive					
•			1 1			
	Augusta		ME	04336 -		
	CITY		STATE	ZIP CODE		
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising	Representati	ve Leadership PAC Sponsor		
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number op	otional) and position	on of the per	rson in possession of committee		
Full Name		<u> </u>				
Mailing Address						
Title or Position	CITY		STATE	ZIP CODE		
		Telephone num	iber	<u></u>		
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the	committee; a	and the name and address of		
Full Name of Treasurer		1-1-1-1-1-	<u> </u>			
Mailing Address		 				
		1 1 1 1	1111			
	CITY		STATE	ZIP CODE		
Title or Position		Telephone num				

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	Full Name of Designated Agent						
	Mailing Address						
		CIT	Y	STATE	ZIP CODE		
	Title or Position		Telephone nu	mber			
9.	Banks or Other Depositors safety deposit boxes or main Name of Bank, Depository,	ntains funds.	epositories in which the commit	ttee deposits funds, ho	olds accounts, rents		
	Mailing Address	1					
	·	1 , , , , , , , ,			1 1 1 1 1 1		
	•						
		СП	" Y	STATE	ZIP CODE		
	Name of Bank, Depository, etc.						
			<u> </u>				
	Mailing Address						
		СП	Υ	STATE	ZIP CODE		

(3/2005)

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